

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10586746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1				
8		1		1		
9		1				
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1				
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1				
28		1		1		
29		1				
30		1				
31		1				
32		1		1		
33		1				
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38		1				
39		1		1		
40		1				
41		1		1		
42		1				
43		1		1		
44		1				
45		1		1		
46		1				
47		1				
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	2	↓	2	↓	0	↓
TOTAL DEP.	48	←	34	←	0	←
TOTAL CLAIMS	50		36		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1				
54		1		1		
55		1		1		
56		1		1		
57		1				
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	11	←	9	←	0	←
TOTAL CLAIMS	11		9		0	